

Requirements for Naturopathic Medical Licensure in the State of Arizona

READ CAREFULLY: FEES ARE NON-REFUNDABLE

Please review the requirements for licensure under the Arizona Revised Statutes and Rules prior to applying.

The information is available on the website www.aznd.gov

- **Once your application has been received and reviewed**, the Board will send you **ONE NOTICE OF INCOMPLETENESS** indicating any required materials that have not yet been received. The notice is typically sent via email, so make certain the Board has your current email address. The Board shall consider an application withdrawn if within 365 days from the sending of the incomplete notice, the applicant fails to supply the missing information requested in the notice. The filing of an application grants the Board the authority to obtain information from any licensing Board or agency in any State, district, territory or county of the United States or another country, from the Arizona Criminal Justice information system in the Department of Public Safety and from the Federal Bureau of investigations.

- **As required by R4-18-201, R4-18-202** Successful completion of the Jurisprudence Examination is a requirement for licensure. If you have not already taken the examination, arrangements can be made by contacting the Board office.

- **A.R.S. § 1-501 requires**, in general, that a person applying for a license must submit documentation to the licensing agency that satisfactorily demonstrates that the applicant is lawfully present in the United States.

Pursuant to A.R.S. 32-1522

A. To be eligible for a license to practice naturopathic medicine pursuant to this chapter, the applicant shall:

- (1) Be a graduate of **an approved school** of naturopathic medicine. (**A list of approved naturopathic medical schools is available on the website www.aznd.gov**)
- (2) Have satisfactorily completed an approved internship, preceptorship or clinical training program in naturopathic medicine.
- (3) Possess a good moral and professional reputation.
- (4) Be physically and mentally fit to practice as a doctor of naturopathic medicine.
- (5) Not be guilty of any act of unprofessional conduct or any other conduct which would be grounds for refusal, suspension or revocation of a license under this chapter.
- (6) Not have had a license to practice any profession refused, revoked or suspended by any other state, district or territory of the United States or another country for reasons which relate to his ability to skillfully and safely practice as a physician in this state.
- (7) File a completed application pursuant to section 32-1524 and pass the examination provided for in section 32-1525

B The Board may: Require an applicant to submit credentials or other written or oral proof, and make investigations it deems proper to adequately advise the Board with respect to the qualifications of an applicant.

Check List for Applicant

- ☐ **Yes** ☐ **No** (Required for all applicants) I have enclosed with this application a passport size photograph and have printed my name on the back of the photograph. **Photograph must have been taken within the last 60 days.**
- ☐ **Yes** ☐ **No** (Required for application by exam) I have requested an **official copy of my transcript** issued by my naturopathic medical school, to be sent to the Board.
- ☐ **Yes** ☐ **No** (Required for application by exam) I have requested **official transcripts** from NPLEX showing passing grades in I and II plus required add on(s) be sent to the Board.
- ☐ **Yes** ☐ **No** (Required for all applications) **I have enclosed with this application my fingerprint card completed by a fingerprint technician, along with the required fee. A MONEY ORDER in the amount of \$22.00 payable to DPS is required by the applicant. This fee is not refundable. Finger print clearance cards are not accepted.** The Board does not process fingerprint cards. DPS processes the card and transmits the card to the United States Department of Justice Federal Bureau of Investigation. That Bureau reads the fingerprints and provides a Criminal Justice Information Report to the Board.
- ☐ **Yes** ☐ **No** (Required for application by exam) I took and passed the Jurisprudence Examination on ____/____/_____. Or have made arrangements to take the Examination on ____/____/_____.
- ☐ **Yes** ☐ **No** (All applicants if applicable) I have completed the Pharmacology requirements as outlined in A.R.S. 32-1525
- ☐ **Yes** ☐ **No** (Required for all applicants) Citizenship /Alien Status Documentation Required State Law (**A.R.S. § 1-501**) All applicants must submit documentation regarding their citizenship/nationality/alien status with their application. See attached list **A & B** for specific documentation required.
- ☐ **Yes** ☐ **No** (Applicants for reinstatement) provided 30 hours of CME for the year you are applying for reinstatement. **CME must fall under the guidelines outlined in the rules section on the website www.aznd.gov**
- ☐ **Yes** ☐ **No** (All applicants) Included application fee. \$225.00 money order payable to AZND Board



Governor Janice K. Brewer

State of Arizona Naturopathic Physicians Medical Board

"Protecting the Public's Health"

1400 W. Washington, Ste 230 Phoenix, AZ 85007

Phone: 602-542-8242 Fax: 602-542-3093 Email: Info@aznd.gov Website: www.aznd.gov

APPLICATION FOR NATUROPATHIC MEDICAL LICENSE

APPLICATION FEE \$225.00

THIS APPLICATION AND ANY DOCUMENT SUBMITTED WITH THIS APPLICATION BECOMES THE PROPERTY OF THE STATE OF ARIZONA AND IS NOT RETURNED TO THE APPLICANT. FEES ARE NONREFUNDABLE. INCOMPLETE OR UNREADABLE APPLICATIONS ARE DENIED BY THE BOARD.

Alternative format of Submitting This Application An individual with a disability who, as a result of that disability, requires this application in an alternative format may contact the Board's Americans with Disability coordinator at Voice Telephone Number (602) 542-3095, or through Voice Replay Service at (800) 842-4681 or the TTY Service at (800) 367-8939 to make the need known.

This Application is for:

1. ☐ Regular Medical License (License by Exam)
2. ☐ Medical License by Endorsement from the State/Province of _____
3. ☐ I am requesting a temporary license upon application completion. I understand a temporary license is valid until the last day of the month in which my application is presented to the Board for approval.

Applicant's Name: _____
Last First Middle (Maiden)

Office Address: _____ **Ste. #** _____

City: _____, **State:** _____ **ZIP Code:** _____

Business Name: (if any): _____

Office Phone: (____) _____ **Office Fax:** (____) _____ **Office Email:** _____

Home Address: _____ **Apt. #** _____

City: _____, **State:** _____ **Zip Code:** _____

Cell Number (____) _____ **Telephone:** (____) _____

Email Address: _____

Mailing Address: _____ **Apt. /Ste#** _____

City: _____, **State:** _____ **Zip Code:** _____

Date of Birth: ____/____/____ **Place of Birth:** _____
City State/ Country

Social Security Number _____ - _____ - _____

Male _____ **Female** _____ **Height:** _____ **Weight:** _____ **Hair Color:** _____ **Eye Color:** _____

Citizen Status Declaration: Are you a United States Citizen? Yes _____ No _____ Attach a legible copy of the front and the back of a document from the attached **List A** that demonstrates U.S. citizenship.

If not a Citizen of the United States Alien Status Declaration: Are you a legal resident authorized to work in the United States? Yes _____ No _____ Attach a legible copy of the front and the back (if any) of a document from the attached **List B** that evidences your status A.R.S. §1-501.

Received	Processed	Agenda
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Medical School Information

Name / address of Medical School from Which Applicant Graduated: _____

_____ Date Graduated: _____ / _____ / _____

Name and address of Clinical Training Facility: _____

_____ Date of clinical training completion: _____

National Examination Information

Pursuant to A.R.S. 32-1525, an applicant for licensure in the State of Arizona must take and pass the North American Board of Naturopathic Examiners (NABNE) NPLEX examination.

- A. **Part One:** I took and passed the NABNE Basic Sciences Examination on ____ / ____ / ____.
- B. **Part Two:** I took and passed the NABNE Clinical Science Examination on ____ / ____ / ____.
- C. **ADD ON(s):** I took and passed NABNE Acupuncture and Minor surgery Examination(s) on ____ / ____ / ____

I have requested my official NABNE transcripts to be sent directly to: The Naturopathic Physicians Medical Board

List in Chronological order all colleges and universities attended, location, dates of attendance and credits or degree earned:

(If additional space is needed, attach a supplement to this application. Do not list your naturopathic college.)

College or University	Location	Dates of Attendance Years From - To	Credits or Degree Earned

List ALL licenses and certificates issued or denied by any licensing agency:

(If additional space is needed, attach a supplement to this application.)

Applicants are required to request each agency listed below to verify the status of the license or certificate. The document for requesting said information is enclosed with this application. It may be copied as needed.

Name of Licensing Agency	Location	Status of License or Certificate	Next Renewal Date

YOU ARE REQUIRED TO ANSWER ALL OF THE FOLLOWING QUESTIONS.

NOTE: In the event the response to any of the questions number 1 through 9 is "YES", the applicant must file with the application a detailed written supplement concerning the date of event, including any charge, date of such charge, the complete name and address of all bodies of jurisdiction, the results of any charges, and the disposition of such charges.

The Fact that a conviction and/or criminal offense has been pardoned, expunged or dismissed, or that your civil rights have been restored does not mean that you can answer "No" to the questions.

- ☐ **Yes** ☐ **No** 1. Have you ever been arrested, charged with, convicted of, or entered into a plea of no contest to a felony or a misdemeanor?
- ☐ **Yes** ☐ **No** 2. Have you ever had a license/certificate, including a driver's license, denied, suspended, rejected or revoked by any agency?
- ☐ **Yes** ☐ **No** 3. Have you ever been disciplined by any agency for any act of unprofessional conduct as defined in Arizona Revised Statutes, Section 32-1501?
- ☐ **Yes** ☐ **No** 4. In lieu of disciplinary action by an agency, have you ever entered a consent agreement or stipulation with a licensing agency?
- ☐ **Yes** ☐ **No** 5. Do you have a complaint pending before any agency?
- ☐ **Yes** ☐ **No** 6. Have you ever been found guilty of being medically incompetent?
- ☐ **Yes** ☐ **No** 7. Have you ever been a defendant in any malpractice matter that resulted in a settlement or judgment?
- ☐ **Yes** ☐ **No** 8. Do you have any medical condition that in any way impairs or limits your ability to practice medicine?
- ☐ **Yes** ☐ **No** 9. Do you currently have a complaint or open investigation in which you are involved?

The Criminal Justice Information Report received by the Board from the United States Department of Justice Federal Bureau of investigation is inclusive of all arrests including juvenile arrests even when records are expunged by a court of law. **In a written supplemental statement to the Board, an applicant is required to list all arrests, pleas and convictions, jail or prison time served and any probation served.** Failure to provide complete information for questions answered Yes on this page may require the applicant to appear before the Board for a personal interview.

☐ **No** ☐ **Yes** I submitted a written supplement to this application for the above questions.

Subscribed And Sworn To Before A Notary Public:

State of _____)

County of _____)

Print The Applicant's Full Name: _____ **being first**
duly sworn upon his or her oath deposes and says all of the following: I am the person named in this application. I have read and understand the contents of this application. The information contained in this application is true and correct to the best of my ability and the information submitted is without fraud, deceit or misrepresentation. I hereby authorize any hospital, institution, organization, personal physician, past or present employer, past or present business or professional associate or any local, state, federal or foreign governmental agency to release any information to the State of Arizona in connection with my application and state that a photocopy of this authorization shall have the same effect as the original. I also authorize the State of Arizona Naturopathic Physicians Board of Medical Examiners, or its successor, to release any information submitted by me, upon request, to the public or to any licensing agency, or to any other person, when such request is required or permitted by Arizona Revised Statutes. I acknowledge that any falsification in my application is cause to deny my application or for the Naturopathic Physicians Board of Medical Examiners to hold a hearing to revoke any naturopathic medical student internship, preceptorship or preceptorship training registration that is issued to me by the Board. I authorize the Board to tape record any application interview that is conducted of myself in regards to this application.

Signature of Applicant: _____

Subscribed and sworn to before me this _____ day of _____, 20____
(OFFICIAL STAMP)

Notary Public Signature

State of Arizona Naturopathic Physicians Medical Board

"Protecting the Public's Health"

Phone: (602) 542-8242 FAX (602) 542-3093 Email: Info@aznd.gov

VERIFICATION REQUEST FORM

Notice to Applicant:

You are required to send this form to each statutorily appointed licensing agency or board that issued or refused to issue you a professional or occupational license or certificate in the practice of medicine or in any healing art. It is your responsibility to correctly identify yourself to that agency or board and pay them a fee, if any, for remitting the information to the State of Arizona.

Applicant Name: _____
Last First Middle

Applicant License,
Registration or Certificate Number: _____ SS# _____ / _____ / _____

I hereby authorize you to send directly to the state of Arizona the information requested herein

Signature _____ Date _____

Following Information to be Completed by the Licensing Agency or Board

Verification of License, Registration or Certificate

Is the person named above licensed, registered or certified by your Agency or Board? ☐ yes ☐ no

Name of the individual as it appears on the license, registration or certificate:

Check all that apply; ☐ license ☐ registration ☐ certificate

License, registration or certificate number _____ Initial date issued _____

___ Yes ___ No . Is the license, registration or certificate active

If **No**, attach the information to this document

___ Yes ___ No . Is an action pending or has any action been taking against the applicant?

If **YES** provide information regarding any action pending or taken against the applicant.

___ Yes ___ No. Was license, registration or certificate denied to this applicant?

Name of Agency or Board

Street City State Zip

Signature Title Date

Return this document to: State of Arizona Naturopathic Physicians Medical Board Seal
1400 W. Washington, Suite. 230 Phoenix, AZ 85007

EVIDENCE OF U.S. CITIZENSHIP, U.S NATIONAL STATUS, OR ALIEN STATUS
LIST A: U.S. CITIZEN OR U.S. NATIONAL

Note: In this List, the term "Service" refers to the U.S. Citizenship and Immigration Service, formerly, the U.S. Immigration and Naturalization Service (INS).[Source: Proposed Rules, Verification of Eligibility for Public Benefits, 8 CFR §104.23; 63 FR 41662-01 August 4, 1998]; and Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

Evidence showing U.S. citizen or U.S. national status includes the following:

a. Primary Evidence:

- (1) An Arizona driver license issued after 1996 or an Arizona nonoperating identification license issued after 1996
- (2) A birth certificate showing birth in one of the 50 states, the District of Columbia, Puerto Rico (on or after January 13, 1941), Guam, the U.S. Virgin Islands (on or after January 17, 1917), American Samoa, or the Northern Mariana Islands (on or after November 4, 1986, Northern Mariana Islands local time) (unless the applicant was born to foreign diplomats residing in such a jurisdiction);
- (3) United States passport;
- (4) A foreign passport with a United States visa.
- (5) A United States citizenship and immigration services employment authorization document or refugee travel document.
- (6) Report of birth abroad of a U.S. citizen (FS-240) (issued by the Department of State to U.S. citizens);
- (7) Certificate of Birth (FS-545) (issued by a foreign service post) or Certification of Report of Birth (DS-1350), copies of which are available from the Department of State;
- (8) Form N-561, Certificate of Citizenship;
- (9) Form I-197, United States Citizen Identification Card (issued by the Service until April 7, 1983 to U.S. citizens living near the Canadian or Mexican border who needed it for frequent border crossings)
- (10) Form I-873 (or prior versions), Northern Marianas Card (issued by the Service to a collectively naturalized U.S. citizen who was born in the Northern Mariana Islands before November 3, 1986);
- (11) Statement provided by a U.S. consular official certifying that the individual is a U.S. citizen (given to an individual born outside the United States who derives citizenship through a parent but does not have an FS-240, FS-545, or DS-1350); or
- (12) Form I-872 (or prior versions), American Indian Card with a classification code "KIC" and a statement on the back identifying the bearer as a U.S. citizen (issued by the Service to U.S. citizen members of the Texas Band of Kickapoos living near the U.S./Mexican border).A tribal or bureau of Indian affairs affidavit of birth.

[Source: Interim Guidance of Verification of Citizenship, Qualified Alien Status and Eligibility Under Title IV of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 ("Interim Guidance"), 62 FR 61344 (Nov. 17, 1997), Attachment 4]

A COMPLETE LIST [LIST A AND B] IS AVAILABLE ON OUR WEBSITE www.aznd.gov